

**Hazardous Waste Inspection Report
Generators - Part A**

Date of inspection 4-8-93 Time start 1:00 Time finish 2:00
 Name of inspector Stephen Puzio
 Company, installation name Roth Rock
 Location Rt. 22 and 15th Street
 County Lehigh Municipality Allentown
 Identification number PAD 014135644
 Name of responsible official Bruce Roth Rock
 Title President
 Mailing address Rt. 22 and 15th Street
 Area code and telephone number (215) 439-8485
 Name of person interviewed Danny David
 Title Vice President
 Mailing address (if different from above) Rt. 22 and 15th Street
 Area code and telephone number (215) 439-8485

1. Current waste handling method:

Small Quantity Generator

- a. ☒ On-site ☐ treatment, ☒ storage, ☐ disposal ☐ PBR
 b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim
 c. ☒ Off-site ☐ treatment, ☐ storage, ☒ disposal
 d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

2. Amount of hazardous waste produced:

a. 700 lbs/mo.
 b. kg./mo.
 c. kg./yr.

3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

Waste Number	Destination Facility	Location and Type
FO03	Marisol INC.	Middlesex, NJ 08846
01, FO03, FO05	Delaware Container Co. INC.	Coatesville, PA 19320
FO03	Safety-Kleen CORP.	AVON, NY 14414

Pennsylvania Department of Environmental Resources
Bureau of Waste Management

**Hazardous Waste Inspection Report
Generators — Part B**

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			75.262
1				Hazardous waste determination, copies available		(b)
1				Identification number		(c)(1)
1				Hazardous waste shipments offered only to licensed transporters		(c)(4)
1				Authorization received from TSD facility for wastes shipped off-site		(d)
1				PA manifest used for intrastate shipments		(e)(2)
1				Disposer state manifest or EPA format manifest used for out-of-state shipments		(e)(3)
1				Manifests filled out properly and completely		(e)(7)
1				Manifests routed properly and within time limits (7 days)		(e)(14) or (15)
1				Proper U.S. DOT shipping containers or packages		(f)(1)(i)
		3		Shipping containers marked and labeled according to U.S. DOT		(f)(1)(ii)
1				Containers of 110 gal. or less marked with required PA label		(f)(1)(iii)
		3		Placards offered to transporter		(f)(2)
2				Wastes accumulated on-site for less than 90 days		(g)(1)(i)
1				Wastes stored in proper containers and properly marked and labeled		(g)(1)(ii)
2				Containers managed in accordance with 75.265(q)(1)–(9)		(g)(1)(iii)
2				Containers clearly marked with accumulation date and visible for inspection		(g)(1)(iv)
2				Records retained at designated location for 20 years		(h)
2				Quarterly reports submitted to the Department		(i)
2				Exception reporting procedures followed		(j)
2				Hazardous waste disposal plan, if required		(l)
2				Spill reporting procedures followed		(m)(1)
2				Preparedness, Prevention and Contingency Plan and implemented		(m)(5)
2				Special requirements followed for international shipments		(o)
2				On the job or classroom personnel training program (75.265(f))		(g)(1)(6)
2				Drum accumulation area inspected weekly as per 75.265(q)(5)		(g)(1)(iii)

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

1-No Violation Observed				2-Not Applicable	3-Not Determined	4-Non-Compliance
Status				REQUIREMENT		Citation
1	2	3	4			40 CFR Part 268
				Generators		
		3		Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
1				Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
1				Dilution not used as a substitute for treatment.		3
1				Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.		7(a)(5), (a)(6)
				Storage Facilities		
				Facility verifies generators classification of waste in accordance with waste analysis plan.		25 Pa Code 265.13(c)
				Containers marked to identify contents and accumulation date.		50(a)(2)
				Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
				Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
				Facility maintains records of documents produced pursuant to LDR requirements.		7(a)(6)
				Treatment Facilities, including PBR and RRR Facilities		
				Dilution not used as a substitute for treatment.		3
				Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.		7(b)
				Certification and/or notification sent with shipments of waste.		7(b)(4), (b)(5), (b)(6)
				Land Disposal Facilities		
				Facility tests wastes received to assure compliance with applicable treatment standards.		7(c)(2)
				Facility land disposes of restricted waste only if it meets applicable treatment standard.		40
				Facility retains copies of generator notifications and certifications.		7(c)(1)

Hazardous Waste Inspection Report
Comments - Part C

Date of Inspection 4-8-93 Identification Number PAD 014135644
Company, Installation Name Roth Rock
County Lehigh Municipality Allentown
Inspected facility with Rick Dalton (PA DFR)
and Danny David (Vice President).

* NOTED TANK WITH HAZARDOUS WASTE UNCAPPED

* HAVE 7 SAFETY-KLEEN PARTS WASHERS THAT
ARE EMPTIED BI WEEKLY

* Also have 250 gallon Haz waste tank with
used paint thinner in it. Emptied ~~one~~ about
once every 3 months.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person interviewed (signature)

Samuel J. Dail

Date

4/8/93

Inspector (signature)

Stephen Puzio

Date

4-8-93

MAY 3 1993

331

APR 16 1984

U.S. EPA, Region III

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a pre label, affix it in the space at left. If any information on the label is incorrect, draw through it and supply the correct info in the appropriate section below. If the complete and correct, leave Items I, II, below blank. If you did not receive a pre label, complete all items. "Installation" is a single site where hazardous waste is generated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING INFORMATION before completing this form (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

FOR OFFICIAL USE ONLY

COMMENTS

C		88
---	--	----

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr, mo, & day)
FPAD014135644		840416

I. NAME OF INSTALLATION

ROTHROCK MOTOR SALES INC.	87
---------------------------	----

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX		
3 RT. 22 & 15TH STREET	45	
CITY OR TOWN		ST. ZIP CODE
4 ALLENTOWN PA		18104

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER		
5 RT. 22 & 15TH ST.	45	
CITY OR TOWN		ST. ZIP CODE
6 ALLENTOWN PA		18104

LRH16H 07

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 POLICARE JAMES BODUSHOP mgr	215-439-8485

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER	
8 ROTHROCK BRUCE	92

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)	VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F = FEDERAL M = NON-FEDERAL	<input checked="" type="checkbox"/> A. GENERATION <input type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> B. TRANSPORTATION (complete Item VII) <input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
---------------------------------	----------------------------------	-------------------------------------	-----------------------------------	--

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete Item C)
---	---

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

1. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

	1		2		3		4		5		6			
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26
	7		8		9		10		11		12			
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26

13	14	15	16	17	18
23	23	23	23	23	23
19	20	21	22	23	24
23	23	23	23	23	23
25	26	27	28	29	30
23	23	23	23	23	23

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

	49		50		51		52		53		54	
	23	24	25	26	27	28	29	30	31	32	33	34

☒ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE X <i>James D. Policare</i>	NAME & OFFICIAL TITLE (type or print) X JAMES D. POLICARE Body Shop mgr.	DATE SIGNED 4/5/84
---	---	-----------------------

EPA Form 8700-12 (6-80) REVERSE

Send to:

to:
EPA Region 3 - JOAN HENRY (34432)
P.O. Box 1480 6TH & WALNUT
Philadelphia, PA 19106

GEN → SQG

Quality Assurance Check For Universe Change

Based upon Form IC or other documentation submitted by PA DER as part of the 1991 Hazardous Waste Report, EPA completed the following change in status and/or facility information.

Facility Information**New Universe Status**

(According to Form IC)

PAD014135644

Rothrock Motor Sales Inc

Mailing Address

Rt 22 & 15th St

Allentown PA 18104

Location Address

Rt 22 & 15th St

Allentown PA 18104

Contact Linda S Vowell

SQG

Change QAd by: D. MURPHY

Date: 2/24/94



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD 01 413 5644

INSTALLATION ADDRESS

Rothrock Motor Sales Inc.
Rte 22 & 15th Street
Allentown, PA 18104
Attn: James Pollicare, Body Shop Mgr

Rte 22 & 15th Street
Allentown, PA 18104

4/18/84